

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☒ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2016

through

M M M / D D D / Y Y Y Y Y Y
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hillier, Robin, , Ms.,

Type or Print Name of Treasurer

Signature of Treasurer

Hillier, Robin, , Ms.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 13 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		170806.91
(b) Cash on Hand at Beginning of Reporting Period.....	82236.27	
(c) Total Receipts (from Line 19)	67056.31	466107.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	149292.58	636914.05
7. Total Disbursements (from Line 31).....	94170.33	581791.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	55122.25	55122.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	62336.39	434401.20
(ii) Unitemized	2219.92	18205.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	64556.31	452607.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	64556.31	462607.14
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	67056.31	466107.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	67056.31	466107.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1170.33	7671.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1170.33	7671.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	86500.00	541000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1500.00	7119.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1500.00	7119.87
29. Other Disbursements (Including Non-Federal Donations).....	5000.00	26000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	94170.33	581791.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	94170.33	581791.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	64556.31	462607.14
34. Total Contribution Refunds (from Line 28(d))	1500.00	7119.87
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63056.31	455487.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1170.33	7671.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1170.33	7671.93

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 45
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Allen, Martin, , ,

Mailing Address 333 N. Summit Street

City
Toledo

State
OH

Zip Code
43614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HCR ManorCare

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY
09 / 08 / 2016

Transaction ID : C3384311

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barcelo, Cecil, , ,

Mailing Address 411 Alabama Ave

City

League City

State

TX

Zip Code

77573-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baywind Village

Occupation (for Individual)

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 26 / 2016

Transaction ID : C3393935

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Baum, Harry, , ,

Mailing Address 8300 NW Eastside Drive

City

Weatherby Lake

State

MO

Zip Code

64152

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sharon Lane Health Services

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 16 / 2016

Transaction ID : C3388443

Amount of Each Receipt this Period

375.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

725.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Capela, Jill, , ,

Mailing Address 200 Congress Avenue
 #42NT

City
 Austin

State
 TX

Zip Code
 78701

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 ONR, Inc.

Occupation (for Individual)
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2016

Transaction ID : C3387279

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ciolek, Daniel, , ,

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 AHCA

Occupation (for Individual)
 Associate VP, Therapy Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : C3397533

Amount of Each Receipt this Period

225.00

☐ Memo Item

* Payroll Deduction: \$75.00 bi-weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Donnellan, Christopher, , ,

Mailing Address 2830 Marshall Street

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 American Health Care Association

Occupation (for Individual)
 Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2016

Transaction ID : C3397529

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

5475.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Erickson, Joanne, E, ,

Mailing Address 911 S Randolph St

City
Arlington

State
VA

Zip Code
22204-1564

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Health Care Association

Occupation (for Individual)
Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 30 / 2016

Transaction ID : C3397535

Amount of Each Receipt this Period

150.00

☐ Memo Item

* Payroll Deduction: \$50.00 bi-weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eyet, Teresa, , ,

Mailing Address 10009 Dallas Ave

City
Takoma Park

State
MD

Zip Code
20901-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Health Care Association

Occupation (for Individual)
Senior Director, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.12

Date of Receipt

09 / 30 / 2016

Transaction ID : C3397534

Amount of Each Receipt this Period

160.74

☐ Memo Item

* Payroll Deduction: \$53.58 bi-weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Finneran, Debra, , ,

Mailing Address 6939 Wythe Hill Circle

City
Prospect

State
KY

Zip Code
40059

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Masonic Homes of Kentucky

Occupation (for Individual)
VP, Clinical Quality Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 30 / 2016

Transaction ID : C3397482

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

435.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 45
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Goodall, Lury, , ,

Mailing Address 2853 Fairway Forest Circle

City
SalemState
VAZip Code
24153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCR, Inc.Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : C3397530

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Green, Susan, , ,

Mailing Address 6472 La Petite Place

City
CentrevilleState
VAZip Code
20121FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heatherwood Retirement CommunityOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : C3388089

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Griffith, William, J., ,Mailing Address 1825 7th Street, NW
#901City
WashingtonState
DCZip Code
20001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Health Care AssociationOccupation (for Individual)
Senior Manager, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : C3397540

Amount of Each Receipt this Period

75.00

☐ Memo Item

* Payroll Deduction: \$25.00 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶

2825.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gross, Ron, , ,

Mailing Address 2230 N Somens

City
Fremont

State
ME

Zip Code
68025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NYE Health Services

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2016

Transaction ID : C3397495

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hahs, Jennifer, S, ,

Mailing Address 12423 Flint Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Health Care Association

Occupation (for Individual)
Senior Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 30 / 2016

Transaction ID : C3397541

Amount of Each Receipt this Period

150.00

☐ Memo Item

* Payroll Deduction: \$50.00 bi-weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hillier, Robin, L., ,

Mailing Address 4433 Pebble Creek Ln

City

Long Grove

State

IL

Zip Code

60047-5283

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Welcome Nursing Home

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

09 / 17 / 2016

Transaction ID : C3389588

Amount of Each Receipt this Period

1250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

PAGE 11 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hyatt, Jeff, N, ,

Mailing Address 107 Rutheena Lane

City
Selah

State
WA

Zip Code
98942

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hyatt Family Facilities

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : C3397483

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jarek, Holly, , ,

Mailing Address 118B Hollis St

City
Groton

State
MA

Zip Code
01450-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Seven Hills Foundation

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

937.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : C3397531

Amount of Each Receipt this Period

312.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jones, J., Carole, ,

Mailing Address 5601 Seminary Road, Apt. 2505N

City
Falls Church

State
VA

Zip Code
22041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American Health Care Association

Occupation (for Individual)

Executive Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : C3393937

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1662.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kemp, Sonya, , ,

Mailing Address 438 North Water Avenue

City
Gallatin

State
TN

Zip Code
37066-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gallatin Health Care

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4785.00

Date of Receipt

09 / 26 / 2016

Transaction ID : C3393936

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kylo, David, A, ,

Mailing Address 4621 28th Road South

City
Arlington

State
VA

Zip Code
22206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AHCA/NCAL

Occupation (for Individual)
VP, Insurance and Member Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

09 / 30 / 2016

Transaction ID : C3397539

Amount of Each Receipt this Period

180.00

☐ Memo Item

* Payroll Deduction: \$60.00 bi-weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LeNeave, Ted, , ,

Mailing Address 1603 22nd Street
Suite 200

City
West Des Moines

State
IA

Zip Code
50266

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CEO

Occupation (for Individual)
Accura HealthCare

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / 21 / 2016

Transaction ID : C3391795

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 13 OF 45

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Liistro, Paul, , ,

Mailing Address 1 Meadow Brook Lane

City
Westport

State
CT

Zip Code
06880-3929

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Arbors of Hop Brook, LTD

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 01 / 2016

Transaction ID : C3381040

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Murray, Cornelius, , ,

Mailing Address 54 State Street

City
Albany

State
NY

Zip Code
12207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

O'Connell & Aronowitz

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2016

Transaction ID : C3393933

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nicholson, Timothy, F, ,

Mailing Address 15 Ocean Harbour Cir

City
Ocean Ridge

State
FL

Zip Code
33435-6207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 13 / 2016

Transaction ID : C3386036

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pagels, Kathleen, C., ,

Mailing Address 9035 E. Lupine Ave.

City
Scottsdale

State
AZ

Zip Code
85260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AZ Health Care Association

Occupation (for Individual)
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

09 / 13 / 2016

Transaction ID : C3386035

Amount of Each Receipt this Period

167.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Painter, Julie, C., ,

Mailing Address 5023 Waple Ln

City
Alexandria

State
VA

Zip Code
22304-7727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Health Care Association

Occupation (for Individual)
Vice President of Constituency Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2016

Transaction ID : C3397538

Amount of Each Receipt this Period

75.00

☐ Memo Item

* Payroll Deduction: \$25.00 bi-weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Parks, Christopher, , ,

Mailing Address 1730 Truro Rd

City
Crofton

State
MD

Zip Code
21114-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Health Care Association

Occupation (for Individual)
Director of IT and Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2016

Transaction ID : C3397542

Amount of Each Receipt this Period

75.00

☐ Memo Item

* Payroll Deduction: \$25.00 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

317.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 45

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pilgrim, Scott, , ,

Mailing Address PO Box 990

City
Edmond

State
OK

Zip Code
73083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Diakonis Group LLC

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 27 / 2016

Transaction ID : C3394141

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Porter, Clifton, , ,

Mailing Address 3929 Azalea Court

City
Maumee

State
OH

Zip Code
43537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Health Care Association

Occupation (for Individual)
SVP Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3140.91

Date of Receipt

09 / 30 / 2016

Transaction ID : C3397546

Amount of Each Receipt this Period

624.99

☐ Memo Item

* Payroll Deduction: \$208.33 bi-weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ramsey, Patricia, , ,

Mailing Address 12 Riverwood Drive

City
York

State
ME

Zip Code
03909

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Edgewood Centre

Occupation (for Individual)
Nursing Home Owner/ Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 17 / 2016

Transaction ID : C3389580

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5724.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 45

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roberts, Tara, , ,

Mailing Address 269 Harders Crossing Blvd

City
ShreveportState
LAZip Code
71106-8526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nexion Health Management Inc

Occupation (for Individual)

VP, Rehab and Wound Care Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2016

Transaction ID : C3385610

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sharp, Christina, L, ,

Mailing Address 1644 Mount Eagle PI

City
AlexandriaState
VAZip Code
22302-2121FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American Health Care Association

Occupation (for Individual)

Senior Director, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : C3397548

Amount of Each Receipt this Period

68.16

☐ Memo Item

* Payroll Deduction: \$22.72 bi-weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Sharpe, Veronica, , ,

Mailing Address 102 Oakford Ave.

City
EdgewaterState
MDZip Code
21037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Verandas Management Inc

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : C3381042

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

568.16

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shimer, Jennifer, S, ,

Mailing Address 9507 Shelly Krasnow Ln

City
Fairfax

State
VA

Zip Code
22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Health Care Association

Occupation (for Individual)
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 30 / 2016

Transaction ID : C3397547

Amount of Each Receipt this Period

150.00

☐ Memo Item

* Payroll Deduction: \$50.00 bi-weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sweeney, Philip, , ,

Mailing Address 20 Davis Blvd

City

New Orleans

State

LA

Zip Code

70121-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nexion Health, Inc.

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2016

Transaction ID : C3393934

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tack, Steven, D., ,

Mailing Address 107 Beyers Ave.

City

Kittanning

State

PA

Zip Code

16201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Quality Life Services

Occupation (for Individual)
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

09 / 21 / 2016

Transaction ID : C3393932

Amount of Each Receipt this Period

4000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thies, Joseph, Drew, ,

Mailing Address 1101 L Street NW
Apt. 504

City
Washington

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AHCA

Occupation (for Individual)

Manager, Political and Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : C3397550

Amount of Each Receipt this Period

75.00

☐ Memo Item

* Payroll Deduction: \$25.00 bi-weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Waters, Brett, , ,

Mailing Address 2416 Mesa Street

City

Idaho Falls

State

ID

Zip Code

83401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New Beginnings

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2016

Transaction ID : C3394335

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Williams, Cametrica, Danyale, ,

Mailing Address 116 Mourning Dove

City

Navasota

State

TX

Zip Code

77868

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sherwood Healthcare, Inc.

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

351.00

Date of Receipt

MM / DD / YYYY
09 / 06 / 2016

Transaction ID : C3386028

Amount of Each Receipt this Period

48.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

373.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wylie, Michael, , ,

Mailing Address 205 Fairview Road

City
Clarks GreenState
PAZip Code
18411FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genesis HealthcareOccupation (for Individual)
VP Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1812.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : C3397502

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Harmony House Health Care Center LLC

Mailing Address PO Box 829

City
BrewsterState
WAZip Code
98812FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2016

Transaction ID : C3386030

Amount of Each Receipt this Period

250.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tretwold, Jerry, R., ,

Mailing Address PO Box 829

City
BrewsterState
WAZip Code
98812-0829FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harmony House Health Care Center LLCOccupation (for Individual)
Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2016

Transaction ID : C3386031

Amount of Each Receipt this Period

250.00

☒ Memo Item

*

SUBTOTAL of Receipts This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Medicalodges Political Advisory Fund, LLC

Mailing Address PO Box 509

City
Coffeyville

State
KS

Zip Code
67337

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 27 / 2016

Transaction ID : C3397504

Amount of Each Receipt this Period

5000.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cox, Garen, , ,

Mailing Address 201 West Eighth Street PO Box 509
PO Box 509

City
Coffeyville

State
KS

Zip Code
67337-0509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medicalodges, Inc.

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 27 / 2016

Transaction ID : C3397507

Amount of Each Receipt this Period

5000.00

☒ Memo Item

*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Medicalodges Fort Scott Political Advisory Fund, LLC

Mailing Address 201 W. 8th St.

City
Coffeyville

State
KS

Zip Code
67337

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 27 / 2016

Transaction ID : C3397508

Amount of Each Receipt this Period

5000.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Benjamin, Fred, , ,

Mailing Address 201 W 8th St

City
CoffeyvilleState
KSZip Code
67337-5807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medicalodges Fort Scott LLCOccupation (for Individual)
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : C3397509

Amount of Each Receipt this Period

5000.00

☒ Memo Item

*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Medicalodges Kansas City Political Advisory Fund, LLC

Mailing Address 201 W. 8th St.

City
CoffeyvilleState
KSZip Code
67337FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : C3397510

Amount of Each Receipt this Period

5000.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hines, Scott, , ,

Mailing Address 201 W. 8th Street

City
CoffeyvilleState
KSZip Code
67337FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medicalodges, Inc.Occupation (for Individual)
Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : C3397511

Amount of Each Receipt this Period

5000.00

☒ Memo Item

*

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Medicalodges Arkansas City Political Advisory Fund, LLC

Mailing Address 201 W. 8th Street

City
Coffeyville

State
KS

Zip Code
67337

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 27 / 2016

Transaction ID : C3397513

Amount of Each Receipt this Period

5000.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lager, Shannon, , ,

Mailing Address 201 W. 8th Street

City
Coffeyville

State
KS

Zip Code
67337

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medicalodges, Inc.

Occupation (for Individual)
Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 27 / 2016

Transaction ID : C3397514

Amount of Each Receipt this Period

5000.00

☒ Memo Item

*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Klaton Properties

Mailing Address 3715 SW 29th St

City
Topeka

State
KS

Zip Code
66614-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 29 / 2016

Transaction ID : C3397521

Amount of Each Receipt this Period

2500.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Klausman, Jim, , ,

Mailing Address 3715 SW 29th Street
Suite 200

City
Topeka

State
KS

Zip Code
66614-2164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Health Management

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : C3397522

Amount of Each Receipt this Period

2500.00

☒ Memo Item

*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Klaton Properties

Mailing Address 3715 SW 29th St

City

Topeka

State

KS

Zip Code

66614-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : C3397523

Amount of Each Receipt this Period

2500.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Klausman, Jim, , ,

Mailing Address 3715 SW 29th Street
Suite 200

City

Topeka

State

KS

Zip Code

66614-2164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Health Management

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : C3397524

Amount of Each Receipt this Period

2500.00

☒ Memo Item

*

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Klaton Leasing, LLC

Mailing Address 3715 SW 29th St

City
TopekaState
KSZip Code
66614-2107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : C3397525

Amount of Each Receipt this Period

2500.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eaton, Floyd, , ,Mailing Address 3715 SW 29th St
Ste 200City
TopekaState
KSZip Code
66614-2164FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Health Services IncOccupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : C3397527

Amount of Each Receipt this Period

2500.00

☒ Memo Item

*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Klaton Leasing, LLC

Mailing Address 3715 SW 29th St

City
TopekaState
KSZip Code
66614-2107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : C3397526

Amount of Each Receipt this Period

2500.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eaton, Floyd, , ,

Mailing Address 3715 SW 29th St
Ste 200

City
Topeka

State
KS

Zip Code
66614-2164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Health Services Inc

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : C3397528

Amount of Each Receipt this Period

2500.00

☒ Memo Item

*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

62336.39

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 45
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRIENDS FOR CHRIS STEWART, INC.

Mailing Address 10 W BROADWAY
SUITE 500

City
SALT LAKE CITY

State
UT

Zip Code
84101

FEC ID number of contributing
federal political committee.

C C00506931

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / **27** / **2016**

Transaction ID : C3397519

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Refund of 1/19/2016 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City
PhoenixState
AZZip Code
85072-3773Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

FEC Identification Number

C

Transaction ID : D176483

Amount of Each Disbursement this Period

272.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T Merchant Services

Mailing Address PO Box 200

City
WilsonState
NCZip Code
27894-0200Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

FEC Identification Number

C

Transaction ID : D176482

Amount of Each Disbursement this Period

683.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&TMailing Address 1099 New York Ave NW
Ste 100City
WashingtonState
DCZip Code
20001-4452Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

FEC Identification Number

C

Transaction ID : D176484

Amount of Each Disbursement this Period

214.43

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1170.33

1170.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony Brown for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2016

Mailing Address 12138 Central Ave.
#671City
BowieState
MDZip Code
20721Purpose of Disbursement
Contribution

Candidate Name

Brown, Anthony, G., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MD

District: 04

FEC Identification Number

C C00574640**Transaction ID : D175778**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BEATTY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2016

Mailing Address PO Box 172

City
ColumbusState
OHZip Code
43216-0172Purpose of Disbursement
Contribution

Candidate Name

BEATTY, JOYCE, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District: 03

FEC Identification Number

C C00507368**Transaction ID : D175453**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BEATTY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2016

Mailing Address PO Box 172

City
ColumbusState
OHZip Code
43216-0172Purpose of Disbursement
Contribution

Candidate Name

BEATTY, JOYCE, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District: 03

FEC Identification Number

C C00507368**Transaction ID : D175597**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUE HEN PAC

Mailing Address PO BOX 15293

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00493700**Transaction ID : D175780**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COUNTRY ROADS PAC

Mailing Address PO Box 1387

City
CharlestonState
WVZip Code
25325-1387Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

C C00484402**Transaction ID : D175942**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David Rouzer for Congress

Mailing Address PO Box 2267

City
SmithfieldState
NCZip Code
27577-2267Purpose of Disbursement
Contribution

Candidate Name

Rouzer, David, C., Rep.,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00501643**Transaction ID : D175767**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Missourians for Accountability & Change

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

Mailing Address 700 13TH STREET, NW
SUITE 600City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00431122**Transaction ID : D175944**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Monica Vernon for Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

Mailing Address PO Box 1635

City
Cedar RapidsState
IAZip Code
52406Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Vernon, Monica, W, ,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

State: IA District: 01

FEC Identification Number

C C00571562**Transaction ID : D175782**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MOTOR CITY PAC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

Mailing Address 600 PENNSYLVANIA AVE., SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00507574**Transaction ID : D175765**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. New Democrat CoalitionMailing Address 700 13TH STREET, NW
SUITE 600City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00409730**Transaction ID : D175776**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NEW MILLENNIUM PACMailing Address ONE GATEWAY CENTER
SUITE 520City
NEWARKState
NJZip Code
07102Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	6		

FEC Identification Number

C C00349233**Transaction ID : D175463**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Purpose PAC

Mailing Address 918 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	6		

FEC Identification Number

C C00497131**Transaction ID : D175599**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ADRIAN SMITH FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2016

Mailing Address 3321 AVENUE I
SUITE 6City
SCOTTSBLUFFState
NEZip Code
69361Purpose of Disbursement
Voided Check - Orig Issued 8/1/2016

Candidate Name

SMITH, ADRIAN, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NE

District: 03

Category/
Type

FEC Identification Number

C C00412890**Transaction ID : D176114**

Amount of Each Disbursement this Period

-1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KUSTER FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2016

Mailing Address P.O. BOX 1498

City
HollywoodState
FLZip Code
33020Purpose of Disbursement
Contribution

Candidate Name

Kuster, Ann, McLane, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 02

Category/
Type

FEC Identification Number

C C00462861**Transaction ID : D175461**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR BEN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2016

Mailing Address PO BOX 31129

City
SANTA FEState
NMZip Code
87594Purpose of Disbursement
Contribution

Candidate Name

Lujan, Ben, Ray, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NM

District: 03

Category/
Type

FEC Identification Number

C C00443689**Transaction ID : D175457**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PASCRELL FOR CONGRESS

Mailing Address P.O. BOX 100

City
TeaneckState
NJZip Code
07666Purpose of Disbursement
Contribution

Candidate Name

PASCRELL, WILLIAM J., , HON., JR.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00313510**Transaction ID : D175785**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CARLOS CURBELO CONGRESS

Mailing Address 8770 SUNSET DRIVE #355

City
MIAMIState
FLZip Code
33173Purpose of Disbursement
Voided Check - Orig Issued 8/30/2016

Candidate Name

Curbelo, Carlos, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 26

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	6		

FEC Identification Number

C C00546846**Transaction ID : D176113**

Amount of Each Disbursement this Period

-1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAVE REICHERT

Mailing Address P. O. Box 2032

City
IssaquahState
WAZip Code
98027Purpose of Disbursement
Contribution

Candidate Name

Reichert, Dave, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: WA

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	6		

FEC Identification Number

C C00397737**Transaction ID : D175452**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JENKINS FOR CONGRESS

Mailing Address PO BOX 727

City
HUNTINGTONState
WVZip Code
25711Purpose of Disbursement
Contribution

Candidate Name

Jenkins, Evan, H., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: WV

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	6		

FEC Identification Number

C C00548271**Transaction ID : D175455**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GEORGE HOLDING FOR CONGRESS INC.

Mailing Address PO BOX 97187

City
RALEIGHState
NCZip Code
27624Purpose of Disbursement
Contribution

Candidate Name

Holding, George, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00499236**Transaction ID : D175777**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF GLENN THOMPSON

Mailing Address 133 Water Tower Lane

City
Spring MillsState
PAZip Code
16875Purpose of Disbursement
Contribution

Candidate Name

Thompson, Glenn, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00444620**Transaction ID : D175787**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. VARGAS FOR CONGRESS

Mailing Address 330 ENCINITAS BLVD.

City
ENCINITASState
CAZip Code
92024Purpose of Disbursement
Contribution

Candidate Name

VARGAS, JUAN, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 51

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

C C00497321**Transaction ID : D175947**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 2018

City
THOUSAND OAKSState
CAZip Code
91358Purpose of Disbursement
Contribution

Candidate Name

Brownley, Julia, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 26

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00513077**Transaction ID : D175769**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KATHERINE CLARK FOR CONGRESS

Mailing Address PO Box 361

City
MaldenState
MAZip Code
02148-0004Purpose of Disbursement
Contribution

Candidate Name

Clark, Katherine, M., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	6		

FEC Identification Number

C C00541888**Transaction ID : D175601**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DOGETT FOR US CONGRESS

Mailing Address PO Box 5843

City
AustinState
TXZip Code
78763Purpose of Disbursement
Contribution

Candidate Name

Doggett, Lloyd, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 35

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

C C00286500**Transaction ID : D175941**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City
TopekaState
KSZip Code
66601Purpose of Disbursement
Contribution

Candidate Name

Jenkins, Lynn, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: KS

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00433730**Transaction ID : D175779**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City
HONOLULUState
HIZip Code
96809Purpose of Disbursement
Contribution

Candidate Name

Hirono, Mazie, K., Rep.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: HI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00420760**Transaction ID : D175781**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MIA LOVE

Mailing Address PO BOX 255

City
RIVERTONState
UTZip Code
84065Purpose of Disbursement
Contribution

Candidate Name

Love, Mia, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: UT

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00505776**Transaction ID : D175784**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NANCY PELOSI FOR CONGRESSMailing Address 700 13TH STREET, NW
SUITE 600City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
Contribution

Candidate Name

PELOSI, NANCY, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

C C00213512**Transaction ID : D175943**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PETE AGUILAR FOR CONGRESS

Mailing Address PO BOX 10954

City
SAN BERNARDINOState
CAZip Code
92423Purpose of Disbursement
Contribution

Candidate Name

Aguilar, Pete, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 31

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	6		

FEC Identification Number

C C00510461**Transaction ID : D175604**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7	0	0	0	0	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. LEVIN FOR CONGRESS

Mailing Address PO Box 37

City
RosevilleState
MIZip Code
48066Purpose of Disbursement
Contribution

Candidate Name

Levin, Sander, M., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	2		2	0	1	6		

FEC Identification Number

C C00156612**Transaction ID : D175605**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOYER FOR CONGRESS

Mailing Address 700 13th Street, NW

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Contribution

Candidate Name

Hoyer, Steny, H., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MD

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	6		2	0	1	6		

FEC Identification Number

C C00140715**Transaction ID : D175946**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. Box 48928

City
SarasotaState
FLZip Code
34230Purpose of Disbursement
Contribution

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	6		2	0	1	6		

FEC Identification Number

C C00412759**Transaction ID : D175948**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

14000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. Box 48928

City
SarasotaState
FLZip Code
34230Purpose of Disbursement
Contribution

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	6		

FEC Identification Number

C C00412759**Transaction ID : D175454**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City
SEATTLEState
WAZip Code
98124Purpose of Disbursement
Contribution

Candidate Name

Murray, Patty, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00257642**Transaction ID : D175786**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tom O'Halleran for Congress

Mailing Address PO Box 20375

City
SedonaState
AZZip Code
86341Purpose of Disbursement
Contribution

Candidate Name

O'Halleran, Tom, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	6		

FEC Identification Number

C C00582890**Transaction ID : D175449**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Turquoise PACMailing Address 1050 17th St NW
Suite 590City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	6		

FEC Identification Number

C C00517235**Transaction ID : D175458**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Young Victory Committee

Mailing Address PO Box 1053

City
BloomingtonState
INZip Code
47402Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	6		

FEC Identification Number

C C00621581**Transaction ID : D175598**

Amount of Each Disbursement this Period

1000.00

Oorah! PAC Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3500.00

TOTAL This Period (last page this line number only)..... ►

86500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Groff, Howard, , Mr.,

Mailing Address 11337 Louisiana Cir

City
BloomingtonState
MNZip Code
55438-2827Purpose of Disbursement
Refund of 08/02/2016 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

C

Transaction ID : D175633

Amount of Each Disbursement this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. O'Connell and Aronowitz

Mailing Address 54 State Street

City
AlbanyState
NYZip Code
12207Purpose of Disbursement
Refund of 8/5/2016 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

FEC Identification Number

C

Transaction ID : D175464

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DCCC Building Fund

Mailing Address 430 S. Capitol Street, SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	9		0	6		2016					

FEC Identification Number

C

Transaction ID : D175459

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

5000.00